

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Employment Administration
Jobs Program

CASE MANAGEMENT SCREENING GUIDE

Purpose

The purpose of this screening guide is to help the Jobs case manager get to know each participant's employment strengths, and to understand the pressures and problems they face every day while they work to support their families. Everything you tell your case manager will be kept strictly confidential, so please be as frank and open as possible.

A variety of questions will be asked about your past employment, your family's needs and any serious problems you are facing that affect your getting and keeping the job you need. Your Jobs case manager knows what services are available in your community to help you successfully support your family. But first, they need to identify what your employment strengths are and what challenges you face on a daily basis.

The first set of questions, after the Basic Information section, deal with employment related questions like those employers would commonly ask at some point during the hiring process. By identifying your employment-related strengths, your Jobs case manager can direct you towards a job that will be successful for you. The second set of questions deal with things families need on a daily basis such as childcare, transportation, housing, food and health insurance. Jobs case managers know these needs can build up, making it difficult to get and keep the job you need to support your family.

The third set of questions deals with serious problems that some Jobs participants, and many others in our communities, must work to overcome. These questions are personal in nature and do not affect all Jobs participants. But they are important questions that must be asked. If they do not pertain to you personally, that's good. But, your case manager cannot help if these questions are not asked, and answered openly.

Instructions

Please answer all of the questions asked as openly as possible. If there is a question you are not sure how to answer, or you don't understand, skip it, and your case manager will talk about it with you. With most questions you will need to pick the one best answer. But, there are some questions where you will be asked to "*check all that apply*", so look for this special instruction, as well. Also, with some answers you will be asked to go past the next question because it would not pertain to you, so be sure to look for them.

Thank You!

Equal Opportunity Employer/Program ♦ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. Please do so by contacting your case manager. ♦ This document is available in alternative formats by contacting your case manager.

SECTION ONE – BASIC INFORMATION

The screening guide begins by collecting basic participant information. This information is important so that the Jobs Program can contact you, can give you references for family services, and to be sure another program might not be better suited to help you and your family.

1. **Today's date:** _____ / _____ / _____
2. **Your name:** _____
Last First Middle
3. **Your Social Security number:** _____ - _____ - _____
4. a. **Your home address:** _____
House No., Street Apt./Space

City State ZIP Code
4. b. **Your mailing address:** _____
House No., Street Apt./Space

City State ZIP Code
5. **Your phone numbers:** a. Home (_____) _____
b. Message #1 (_____) _____
c. Message #2 (_____) _____
6. **Your date of birth:** _____
7. **Your marital status:** A. ☐ Married B. ☐ Never married C. ☐ Divorced D. ☐ Separated E. ☐ Widowed
8. a. **Are you a woman or a man?** A. ☐ Woman B. ☐ Man *(Go to question #9)*
b. **If you are a woman, are you currently pregnant?** A. ☐ Yes B. ☐ No
9. **Do you have a child under 1 year old?** A. ☐ Yes B. ☐ No
10. **Are you a tribal member?** A. ☐ Yes B. ☐ No
If yes, with which tribe(s)? _____
11. **Is your spouse or any children in your family tribal members?** A. ☐ Yes B. ☐ No
If yes, with which tribe(s)? _____
12. **Do you have a physical or behavioral disability diagnosed by a medical professional that has lasted, or will last, for more than one year?** A. ☐ Yes B. ☐ No
13. **Do you take care of a child or dependent adult with a physical or behavioral disability diagnosed by a medical professional that has lasted, or will last, for more than one year?** A. ☐ Yes B. ☐ No

SECTION TWO – EMPLOYABILITY

This section is designed to help your Jobs case manager understand your individual job-related strengths and abilities. Your Jobs case manager uses this information to help you get a job where you can be as successful as possible. You will be asked questions concerning your general work history, recent employers and wage history, and your education and training.

General Work History**1. Are you currently employed?**

- A. ☐ Yes, full time
 B. ☐ Yes, but it's part time or not steady
 C. ☐ No, but I am ready to start immediately
 D. ☐ No, and I need some services to get me started
 E. ☐ No, because I have a disability that makes it difficult
 F. ☐ No, because I am on medical leave or other leave from a job
 G. ☐ No, because I am a full time student
 F. ☐ I have never had a job and need help in getting started

If you have never had a job before, go to question #3

2. Why did your last three jobs come to an end? (Check all that apply)

| <u>Last Job</u> | <u>Next to Last Job</u> | <u>3rd Job</u> |
|---|---|---|
| A. <input type="checkbox"/> Still employed | A. <input type="checkbox"/> Still employed | A. <input type="checkbox"/> Still employed |
| B. <input type="checkbox"/> Wanted a better job | B. <input type="checkbox"/> Wanted a better job | B. <input type="checkbox"/> Wanted a better job |
| C. <input type="checkbox"/> No work, laid off | C. <input type="checkbox"/> No work, laid off | C. <input type="checkbox"/> No work, laid off |
| D. <input type="checkbox"/> I moved | D. <input type="checkbox"/> I moved | D. <input type="checkbox"/> I moved |
| E. <input type="checkbox"/> Temporary/day labor | E. <input type="checkbox"/> Temporary/day labor | E. <input type="checkbox"/> Temporary/day labor |
| F. <input type="checkbox"/> Pay was too low | F. <input type="checkbox"/> Pay was too low | F. <input type="checkbox"/> Pay was too low |
| G. <input type="checkbox"/> Childcare problems | G. <input type="checkbox"/> Childcare problems | G. <input type="checkbox"/> Childcare problems |
| H. <input type="checkbox"/> Transportation problems | H. <input type="checkbox"/> Transportation problems | H. <input type="checkbox"/> Transportation problems |
| I. <input type="checkbox"/> Family problems | I. <input type="checkbox"/> Family problems | I. <input type="checkbox"/> Family problems |
| J. <input type="checkbox"/> Health/depression | J. <input type="checkbox"/> Health/depression | J. <input type="checkbox"/> Health/depression |
| K. <input type="checkbox"/> Demands too much | K. <input type="checkbox"/> Demands too much | K. <input type="checkbox"/> Demands too much |
| L. <input type="checkbox"/> Couldn't get along | L. <input type="checkbox"/> Couldn't get along | L. <input type="checkbox"/> Couldn't get along |
| M. <input type="checkbox"/> Discipline | M. <input type="checkbox"/> Discipline | M. <input type="checkbox"/> Discipline |
| N. <input type="checkbox"/> Other | N. <input type="checkbox"/> Other | N. <input type="checkbox"/> Other |
| O. <input type="checkbox"/> Never worked | O. <input type="checkbox"/> Never worked | O. <input type="checkbox"/> Never worked |

3. Can you work any "off-hour" shifts?

- A. ☐ No B. ☐ Yes *If yes, check all that apply:* 1. ☐ Evenings 2. ☐ Nights 3. ☐ Weekends/Holidays

4. When did you last apply for work?

- A. ☐ This last week B. ☐ 2 to 4 weeks ago C. ☐ Last month
 D. ☐ 2 to 3 months ago E. ☐ Over 3 months ago F. ☐ Over 1 year ago

5. Do you have a current driver's license?

- A. ☐ Yes, a "regular" Arizona B. ☐ Yes, a commercial Arizona license
 C. ☐ Yes, but it's from another state D. ☐ No, I do not have a driver's license

6. Do you own a car (or truck)?

- A. ☐ No B. ☐ Yes *If yes, check all that apply:*
- | | | |
|--------------------------------|------------------------------|-----------------------------|
| 1. Is it currently running? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is it usually reliable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is it currently insured? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is it currently registered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7. Are you willing to travel more than 30 minutes to get to work on a daily basis?

- A. ☐ Yes, I can travel more than 30 minutes to get to work each day
 B. ☐ No, I cannot travel more than 30 minutes to get to work each day

If you have had a job in the past, please go to the next page and complete the Recent Employer and Salary History subsection for your past 3 employers.

If you have never had a job before, please go to the Education and Training Section that begins on page 5.

SECTION TWO – EMPLOYABILITY - Continued**Recent Employer and Salary History****MOST RECENT EMPLOYER**

1. What is the name of the company you worked for? _____
(Write "SELF" if you were/are self-employed)
2. How many hours per week did/do you normally work?
A. ☐ 40 or more hours B. ☐ 24 to 39 hours C. ☐ 1 to 24 hours
3. What was (is) your starting hourly wage? \$_____ . _____ (☐ Plus Tips)
4. What was your ending (or current) hourly wage? \$_____ . _____ (☐ Plus Tips)
(☐ Check here if work was volunteer)
5. What were your dates of employment?
From: _____ / _____ / _____ To: _____ / _____ / _____ (☐ Still employed)
6. How much time off did you have between this job and your previous job?
A. ☐ 1 day to 3 months C. ☐ 6 months to 1 year
B. ☐ 3 months to 6 months D. ☐ More than 1 year
7. What kind of work did you usually do (currently do) for this employer?
A. ☐ Cook/Waitress/Other food service I. ☐ Assembly/Fabrication/Production
B. ☐ Nursing/Pharmacy aide/Other health care J. ☐ Transportation/Moving
C. ☐ Janitorial/Housekeeping/Cleaning K. ☐ Maintenance/Building/Landscape
D. ☐ Any Sales Retail/Phone/Wholesale/Cashier L. ☐ Security services/Guard
E. ☐ Clerical/Office Staff/Bookkeeping M. ☐ Entertainment/Casinos
F. ☐ Farming/Ranching/Food processing N. ☐ Computers/Other technical
G. ☐ Child or adult care/Teacher's aide/Library O. ☐ All other
H. ☐ Construction/Installation/Extraction
8. How many people did/do you supervise or manage while at this job?
A. ☐ None B. ☐ 1 to 3 C. ☐ 4 to 12 D. ☐ More than 12

2ND MOST RECENT EMPLOYER

1. What is the name of the company you worked for? _____
(Write "SELF" if you were/are self-employed)
2. How many hours per week did/do you normally work?
A. ☐ 40 or more hours B. ☐ 24 to 39 hours C. ☐ 1 to 24 hours
3. What was (is) your starting hourly wage? \$_____ . _____ (☐ Plus Tips)
4. What was your ending (or current) hourly wage? \$_____ . _____ (☐ Plus Tips)
(☐ Check here if work was volunteer)
5. What were your dates of employment?
From: _____ / _____ / _____ To: _____ / _____ / _____ (☐ Still employed)
6. How much time off did you have between this job and your previous job?
A. ☐ 1 day to 3 months C. ☐ 6 months to 1 year
B. ☐ 3 months to 6 months D. ☐ More than 1 year
7. What kind of work did you usually do (currently do) for this employer?
A. ☐ Cook/Waitress/Other food service I. ☐ Assembly/Fabrication/Production
B. ☐ Nursing/Pharmacy aide/Other health care J. ☐ Transportation/Moving
C. ☐ Janitorial/Housekeeping/Cleaning K. ☐ Maintenance/Building/Landscape
D. ☐ Any Sales Retail/Phone/Wholesale/Cashier L. ☐ Security services/Guard
E. ☐ Clerical/Office Staff/Bookkeeping M. ☐ Entertainment/Casinos
F. ☐ Farming/Ranching/Food processing N. ☐ Computers/Other technical
G. ☐ Child or adult care/Teacher's aide/Library O. ☐ All other
H. ☐ Construction/Installation/Extraction
8. How many people did/do you supervise or manage while at this job?
A. ☐ None B. ☐ 1 to 3 C. ☐ 4 to 12 D. ☐ More than 12

SECTION TWO – EMPLOYABILITY - Continued**Employer and Salary History - Continued****3RD MOST RECENT EMPLOYER**

1. What is the name of the company you worked for? _____
(Write "SELF" if you were/are self-employed)
2. How many hours per week did/do you normally work?
A. ☐ 40 or more hours B. ☐ 24 to 39 hours C. ☐ 1 to 24 hours
3. What was (is) your starting hourly wage? \$ _____ . _____ (☐ Plus Tips)
4. What was your ending (or current) hourly wage? \$ _____ . _____ (☐ Plus Tips)
(☐ Check here if work was volunteer)
5. What were your dates of employment?
From: _____ / _____ / _____ To: _____ / _____ / _____ (☐ Still employed)
6. How much time off did you have between this job and your previous job?
A. ☐ 1 day to 3 months C. ☐ 6 months to 1 year
B. ☐ 3 months to 6 months D. ☐ More than 1 year
7. What kind of work did you usually do (currently do) for this employer?
A. ☐ Cook/Waitress/Other food service I. ☐ Assembly/Fabrication/Production
B. ☐ Nursing/Pharmacy aide/Other health care J. ☐ Transportation/Moving
C. ☐ Janitorial/Housekeeping/Cleaning K. ☐ Maintenance/Building/Landscape
D. ☐ Any Sales Retail/Phone/Wholesale/Cashier L. ☐ Security services/Guard
E. ☐ Clerical/Office Staff/Bookkeeping M. ☐ Entertainment/Casinos
F. ☐ Farming/Ranching/Food processing N. ☐ Computers/Other technical
G. ☐ Child or adult care/Teacher's aide/Library O. ☐ All other
H. ☐ Construction/Installation/Extraction
8. How many people did/do you supervise or manage while at this job?
A. ☐ None B. ☐ 1 to 3 C. ☐ 4 to 12 D. ☐ More than 12

Education and Training

1. What is the highest grade level you have completed in school?
A. ☐ Primary (8th grade or less) D. ☐ Some college or technical courses
B. ☐ High school (9th, 10th, 11th or some 12th grade) E. ☐ 2-year college or technical degree completed
C. ☐ High school graduate/GED F. ☐ 4-year college degree completed
2. Are you currently attending school, a training program, or taking language classes?
A. ☐ No B. ☐ Yes If yes, what kind? _____

3. Have you had any on-the-job training that would help you get a job now?
A. ☐ No B. ☐ Yes If yes, what kind? _____

4. Have you had training in any of the trades (plumbing, electrical, carpentry, etc.) or technical positions (electronics, computers, mechanic, etc.)?
A. ☐ No B. ☐ Yes If yes, what kind? _____

5. Do you have any occupational licenses, vocational certificates or other accomplishments that would help you get and keep a job?
A. ☐ No B. ☐ Yes If yes, what kind? _____

6. Do you have any other skills, experiences or knowledge that would help you get and keep a job?
A. ☐ No B. ☐ Yes If yes, what kind? _____

7. What languages do you know fairly well? (Check all that apply)
A. ☐ English B. ☐ Spanish ☐ Navajo D. ☐ Hopi E. ☐ Other: _____

SECTION THREE – FAMILY NEEDS

In this section the screening guide looks at the daily and supportive needs every family experiences. If these needs become too great, they can prevent families from becoming self-sufficient. Most or all of the questions asked in this section deal with services a Jobs case manager can provide to Jobs participants, depending on where in the state they live and money available.

1. **How do you get to work and important appointments, like the doctor's office?** *(Check all that apply)*

| | | |
|---|--|--|
| A. <input type="checkbox"/> My own car | D. <input type="checkbox"/> Family or friends drive me | G. <input type="checkbox"/> Churches/religious groups |
| B. <input type="checkbox"/> A borrowed car | E. <input type="checkbox"/> Taxi or shuttle | H. <input type="checkbox"/> Other |
| C. <input type="checkbox"/> Bus/Dial-A-Ride | F. <input type="checkbox"/> Walk, bicycle or scooter | I. <input type="checkbox"/> None, I currently have no transportation |

2. **Do you have children that need childcare or after-school care for you to get and keep the job you need to support your family?**

A. ☐ No, I have no children needing daycare or alternative supervision at any time.
(If you have no children needing childcare, go to question #4)

B. ☐ Yes *(If yes, check all that apply)*

| | | | |
|--|------------------------------|-----------------------------|--------------------------------------|
| 1. I have "regular" day time childcare | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. I have evening and weekend care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> None needed |
| 3. I have "sick child" childcare available | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> None needed |
| 4. I have no childcare available | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> None needed |

3. **Who currently provides child care or after-school care when you work or attend important appointments?**
(Check all that apply)

| | |
|--|--|
| A. <input type="checkbox"/> Child care center | E. <input type="checkbox"/> Cooperatives, home based |
| B. <input type="checkbox"/> School, preschool, Head Start | F. <input type="checkbox"/> Roommate in household |
| C. <input type="checkbox"/> Family/friend in household | G. <input type="checkbox"/> Churches, religious groups |
| D. <input type="checkbox"/> Family/friend not in household | H. <input type="checkbox"/> Other |

4. **Does your child (children) have health insurance. either AHCCCS or a private company?**

| | | |
|---|---|--------------------------------------|
| A. <input type="checkbox"/> Yes, all have insurance | B. <input type="checkbox"/> Some yes, some no | C. <input type="checkbox"/> No, none |
|---|---|--------------------------------------|

5. **Do you have health insurance, either AHCCCS or a private company?**

| | |
|---------------------------------------|--------------------------------------|
| A. <input type="checkbox"/> Yes, I do | B. <input type="checkbox"/> No, none |
|---------------------------------------|--------------------------------------|

6. **Do any of your children have personal problems (legal, drugs, counseling, school, etc.) that make it difficult for you to get and keep the job you need to support your family?**

| | |
|---------------------------------|--------------------------------|
| A. <input type="checkbox"/> Yes | B. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

7. **Are you currently receiving assistance with your rent from Section 8 or HUD Housing?**

| | |
|---------------------------------|--------------------------------|
| A. <input type="checkbox"/> Yes | B. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

8. **Are you currently receiving assistance with your utilities, water or phone?**

| | |
|---------------------------------|--------------------------------|
| A. <input type="checkbox"/> Yes | B. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

9. **What is your current housing situation?**

| |
|--|
| A. <input type="checkbox"/> The family and I live <i>in our home</i> alone |
| B. <input type="checkbox"/> The family and I <i>share our home</i> with others permanently |
| C. <input type="checkbox"/> The family and I <i>share our home</i> with others temporarily |
| D. <input type="checkbox"/> The family and I share <i>other people's home</i> permanently |
| E. <input type="checkbox"/> The family and I share <i>other people's home</i> temporarily |
| F. <input type="checkbox"/> We are homeless, or living in a shelter. <i>(If checked, go to question #12)</i> |

10. **Are you currently up-to-date with your rent (or mortgage payment)?**

| |
|--|
| A. <input type="checkbox"/> Yes |
| B. <input type="checkbox"/> No <i>If no:</i> |
| 1. How many weeks are you behind? _____ |
| 2. How much do you currently owe? \$ _____ . _____ |

SECTION THREE – FAMILY NEEDS

11. **Is getting behind on your rent an ongoing problem, or has something changed recently in your life that will make paying rent difficult in the future?**
A. ☐ Yes B. ☐ No
12. **Do you have the business clothes to get and keep the job you need?**
A. ☐ Yes B. ☐ No
13. **Do your children have the clothes they need for school, to keep warm?**
A. ☐ Yes B. ☐ No
14. **Do you have the glasses or contact lenses you need to read, drive and perform work?**
A. ☐ Yes B. ☐ No
15. **Do you have severe dental problems that need fixing before you can get and keep a job?**
A. ☐ Yes B. ☐ No
16. **Have you or a family member *recently* gone hungry because you could not afford to buy food?**
A. ☐ Yes B. ☐ No
17. **Is not having enough food an *ongoing* problem, or has something changed recently in your life that will make buying food more difficult in the future?**
A. ☐ Yes B. ☐ No
18. **Has your family recently relied on any of the following sources for food? (Check all that apply)**
 A. ☐ Food stamps D. ☐ Family or friends G. ☐ Churches, religious groups
 B. ☐ WIC program E. ☐ School free-lunch programs H. ☐ Neighbors, farm fields, all others
 C. ☐ Food banks F. ☐ Community meal programs I. ☐ None have been used recently
19. **Has your family recently relied on any local or community organizations to get services or other kinds of help? (Check all that apply)**
 A. ☐ School programs (Head Start, after-school) G. ☐ Community support group programs
 B. ☐ Community/tribal centers H. ☐ Health fairs, health outreach programs
 C. ☐ Thrift stores, clothing banks I. ☐ Domestic violence or homeless services
 D. ☐ Churches, religious groups J. ☐ Other local or community organizations
 E. ☐ Minority group association (CPLC, NAACP) K. ☐ Legal aid
 F. ☐ Salvation Army or similar group L. ☐ No, I haven't used any community support organizations recently
20. **You may be qualified for other government/public programs that can help you and your family. From the list below, please check all of the government programs your family is currently involved in. Your Jobs case manager will talk with you about the other programs you qualify for. (Check all that apply.)**
 A. ☐ Employment services (aka "Job Services"; different than "Jobs Program")
 B. ☐ Unemployment insurance
 C. ☐ Disability programs, determination services, and advocacy
 D. ☐ Youth and families (Family Builders, Arizona Families First, CPS, foster care)
 E. ☐ Vocational rehabilitation
 F. ☐ Behavioral health services (counseling)
 G. ☐ DES child care
 H. ☐ Domestic violence shelters or counseling, post shelter education
 I. ☐ Adult and aging services (ALTCS, home care, older worker program)
 J. ☐ Health outreach (Healthy Families, Baby Arizona, public health screenings, etc.)
 K. ☐ HUD housing and programs (Subsidies, legal aid, shelters, Ariz. Housing Authority)
 L. ☐ Utility payment, weatherization and utility repair assistance
 M. ☐ Legal services
 N. ☐ Any other government or public programs (*Please list*): _____

SECTION FOUR – BARRIERS TO EMPLOYMENT

This section assesses the type and extent to which you may have barriers keeping you from getting and keeping the job you need to successfully support your family. It is very important that you are as open as possible when answering these questions. Many people cannot be successfully employed until these barriers are removed. Your Jobs case manager will keep all information you provide confidential, and they need it to help you as much as they possibly can.

1. **Do you have any physical health problems that make it difficult for you to get and keep the job you need to successfully support your family?**
A. ☐ Yes B. ☐ No
2. **Do you have any mental/behavioral health issues that make it difficult for you to get and keep the job you need to successfully support your family (including depression, anxiety, alcohol/drug use)?**
A. ☐ Yes B. ☐ No
3. **Generally, how well have you done with schoolwork or during training?**
A. ☐ Very well B. ☐ Well C. ☐ Average D. ☐ Not well E. ☐ Poor
4. **Were you in any special education classes when you were in school?**
A. ☐ No B. ☐ Yes
5. **Do you need a translator or help learning English to get and keep the job you need?**
A. ☐ No B. ☐ Yes
6. **Have you ever missed work because of too much partying?**
A. ☐ Yes B. ☐ No
7. **Have you ever felt that you should cut down on your drinking or drug use?**
A. ☐ Yes B. ☐ No
8. **Have people annoyed you by criticizing your drinking or drug use?**
A. ☐ Yes B. ☐ No
9. **Does any family member have any physical health issues that make it difficult for you to get and keep the job you need to successfully support your family?**
A. ☐ Yes B. ☐ No
10. **Does a family member have any mental/behavioral health problems that make it difficult for you to get and keep the job you need to successfully support your family (including depression, anxiety, alcohol/drug use)?**
A. ☐ Yes B. ☐ No
11. **Have you ever been convicted of a felony?**
A. ☐ Yes B. ☐ No
12. **Are you currently on probation or parole?**
A. ☐ Yes B. ☐ No
13. **Are you or a family member involved in court or police actions that make it difficult for you to get and keep the job you need to successfully support your family?**
A. ☐ No B. ☐ Yes, myself C. ☐ Yes, a family member
If you answered "Yes, myself" or "Yes, a family member", please let us know what kind of involvement it is, especially if it affects your ability to get and keep a job.

14. **Are you, or any member of your family, facing domestic violence of any kind?**
A. ☐ Yes, myself B. ☐ Yes, a family member C. ☐ No
15. **Are you, or any member of your family, facing anything that is a threat physically, emotionally or financially?**
A. ☐ Yes, myself B. ☐ Yes, a family member C. ☐ No
16. **Do you have a barrier to becoming employed that wasn't discussed in questions 1 through 15 that make it difficult to get and keep the job that you need to support your family?**
A. ☐ No B. ☐ Yes *If yes, please describe these barriers* _____

